

**DC DEPARTMENT OF PARKS & RECREATION
SUMMER 2005 PRELIMINARY APPLICATION**

1. POSITION INFORMATION:

PLEASE REFER TO THE JOB DESCRIPTION SECTION BEFORE INDICATING YOUR CHOICE(S).

POSITION APPLYING FOR: (1ST CHOICE) _____

POSITION APPLYING FOR: (2ND CHOICE) _____

2. PERSONAL DATA:

NAME: (LAST): _____ (FIRST): _____ (MIDDLE): _____

ADDRESS: (STREET): _____ (APT. #) _____

(CITY): _____ (STATE): _____ (ZIP CODE): _____ (WARD): _____

TELEPHONE: HOME: () _____ WORK: () _____

CELL: () _____ EMAIL: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____ / _____ / _____

3. EMPLOYMENT HISTORY & AVAILABILITY

A. ARE YOU OR HAVE YOU EVER BEEN EMPLOYED BY D.C. DEPT. OF PARKS & RECREATION?

- ☐ CURRENTLY EMPLOYED BY DCPR
- ☐ PREVIOUSLY EMPLOYED BY DCPR
- ☐ NEVER EMPLOYED BY DCPR

B. INDICATE EACH TYPE OF CURRENT OR PREVIOUS APPOINTMENT (INCLUDING DATES) WITH AN "X." CHECK ALL THAT APPLY.

Type of Service appointment	Dates of Employment	Highest Grade and Step achieved during
<input type="checkbox"/> TERM	FROM: _____ TO: _____	GRADE: _____ STEP: _____
<input type="checkbox"/> PERMANENT	FROM: _____ TO: _____	GRADE: _____ STEP: _____
<input type="checkbox"/> CAREER	FROM: _____ TO: _____	GRADE: _____ STEP: _____
<input type="checkbox"/> EXCEPTED SERVICE	FROM: _____ TO: _____	GRADE: _____ STEP: _____
<input type="checkbox"/> SUMMER	FROM: _____ TO: _____	GRADE: _____ STEP: _____

C. PLEASE INDICATE WHEN YOU WILL BE AVAILABLE TO START WORK: MONTH: _____ DAY: _____ YEAR: _____

D. PLEASE SPECIFY YOUR TOP 3 SITE PREFERENCES (NOTE: IF HIRED, CONSIDERATION WILL BE GIVEN TO ONE OF YOUR PREFERENCES; HOWEVER, **THERE IS NO GUARANTEE** THAT YOU WILL BE ASSIGNED TO ANY OF THEM):

1. _____
2. _____
3. _____

5. LANGUAGE CAPABILITIES, EDUCATION, TRAINING, CERTIFICATES, AWARDS

A. Please list the languages you: Speak: _____, _____, _____

Write: _____, _____, _____

Read: _____, _____, _____

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B. Please indicate your highest level of education:

- ☐ Some High School
- ☐ High School Diploma or GED Name of H.S.: _____
o Graduated Month: _____ Year: _____
- ☐ Associates Degree (AA): Name of Institution: _____
o Major: _____ Minor: _____
- ☐ Bachelor's Degree (B.S./B.A.): Name of Institution: _____
o Major: _____ Minor: _____
- ☐ Master's Degree: Name of Institution: _____
o Major: _____ Minor: _____
- ☐ Doctorate Degree: Name of Institution: _____
o Major: _____ Minor: _____

If you are currently enrolled in college/university, please indicate type of degree program, dates attended, major and minor (if applicable)

Name and Address of Institution: _____

Major: _____

Minor: _____

Major Semester Credit Hours: _____

or Major Quarter Credit Hours: _____

Attended (month/year) From: _____ / _____

To: _____ / _____

6. COMMUNITY/VOLUNTEER SERVICE

Please list any community service and/or extracurricular activities including dates of participation:

Organization

Dates of Participation

1. _____

From (month/year): _____ / _____ To: _____ / _____

2. _____

From (month/year): _____ / _____ To: _____ / _____

3. _____

From (month/year): _____ / _____ To: _____ / _____

4. _____

From (month/year): _____ / _____ To: _____ / _____

Please include a contact name and phone number for each organization where you volunteered:

1. Contact's Name: _____

Contact's Phone Number: _____

2. Contact's Name: _____

Contact's Phone Number: _____

3. Contact's Name: _____

Contact's Phone Number: _____

4. Contact's Name: _____

Contact's Phone Number: _____

7. SKILLS/EXPERIENCE/LICENCES/CERTIFICATIONS

Please list those activities in which you have participated in or have organized/directed.

Active/Quiet Games

Outdoor Skills

Sports

Are you certified to officiate in a sport? { }

Yes { } No

Specify _____

Arts & Crafts

Child Care

Drama/Theater/Dance/Music

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_____	_____	_____
_____	_____	_____

Are you qualified to instruct any of the activities you indicated above? { } Yes { } No

Specify, _____

First Aid

{ } Basic

{ } Multi-Media

{ } Standard

{ } Advanced

Expiration Date: _____

CPR

{ } American Red Cross

{ } American Heart Assoc.

Expiration Date: _____

Pool Operations/Certifications

{ } CPR for Professional Rescuer

{ } Lifeguard Training

{ } Lifeguarding

{ } Water Safety Instructor

{ } Adapted Swim Instructor

{ } Adapted Aquatics Aid

Expiration Dates: _____

Please list any addition licenses/certifications/relevant skills that you noted above and/or if applying for a Sports Camp Counselor, please detail your sports experience below:

8. WORK EXPERIENCE

Please list work experience (paid or volunteer) relevant to the position for which you are applying. Please begin with your present experience and/or most relevant position. Please include summer and volunteer positions, if applicable:

Employer's/Company's Name: _____ Dates of Employment: (month/year) From:

_____ To: _____

Employer's Address: _____ Salary: \$_____ annual, monthly, weekly, hourly,
volunteer

Supervisor's Name: _____ Supervisor's Telephone Number: (____) _____

Job Title: _____

Duties, responsibilities and accomplishments: _____

Reason for Leaving (please circle one):

Terminated (unwilling let go)

Summer-Job Only (May-Sept)

Resigned (willing left)

Other (please explain): _____

May we contact your supervisor for additional information? (please circle one):

Yes

No

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Employer's/Company's Name: _____ Dates of Employment: (month/year) From:

_____ To: _____

Employer's Address: _____ Salary: \$_____ annual, monthly, weekly, hourly

Supervisor's Name: _____ Supervisor's Telephone Number: (____) _____

Job Title: _____

Duties, responsibilities and accomplishments: _____

Reason for Leaving (please circle one):

Terminated (unwilling let go)

Summer-Job Only (May-Sept)

Resigned (willing left)

Other (please explain): _____

May we contact your supervisor for additional information? (please circle one):

Yes

No

Employer's/Company's Name: _____ Dates of Employment: (month/year) From:

_____ To: _____

Employer's Address: _____ Salary: \$_____ annual, monthly, weekly, hourly

Supervisor's Name: _____ Supervisor's Telephone Number: (____) _____

Job Title: _____

Duties, responsibilities and accomplishments: _____

Reason for Leaving (please circle one):

Terminated (unwilling let go)

Summer-Job Only (May-Sept)

Resigned (willing left)

Other (please explain): _____

May we contact your supervisor for additional information? (please circle one):

Yes

No

Use additional sheets of paper to list other relevant work experience.

9. REFERENCES

Provide information for three references below. The first should be a personal reference and the other two professional references. Do not list relatives, roommates, significant other, etc.

Name	Address	Telephone #	Position and Relationship to You
		()	
		()	

		()	

9. Professional Statement/Question

Please answer the following question in the space provided below.:

What makes you the ideal candidate and why should you be selected to work for the Department of Parks & Recreation?

10. Additional Information

Please read the following concerning additional information needed:

- The position you are applying for may be subject to a criminal background and traffic check. Final offers are contingent on the completion and review of all checks.
- This is a temporary/seasonal position and will be terminated on or before August 26, 2005.
- Please submit a copy of your government or school/university/college photo identification. This is required for all applications.
- If hired, you will be required to attend paid training. Completion of training is contingent on your continuation of employment.
- You must have or obtain certification in adult/infant/child CPR/First Aid for all DPR summer positions. DPR provides this training at no cost to summer employees.
- Incomplete applications will not be considered for employment.

Please sign below after carefully reading the following:

I understand that any false statements on any part of my application may result in my not being hired or being terminated after I begin work (D.C. Code Sec. 1-617.1(d)(1) et seq. (1991 Repl.). I consent to the release of information regarding my employment for District of Columbia government employment by employers, schools, law enforcement agencies and other individuals and organizations, to investigate personnel staffing specialists and other employees of the District of Columbia government. I certify, to the best of my knowledge and belief, that all of my statements on this application, are true, correct and complete.

Signature (Please sign with a blue or black ink pen)

Date (Month/Day/Year)

Background Check Authorization

DISCLOSURE TO APPLICANT

IN ACCORDANCE WITH TITLE II OF DC LAW 15-607, THE "CHILD AND YOUTH, SAFETY AND HEALTH OMNIBUS LAW,"

This disclosure is for the purpose of informing you that this position is subject to a criminal background and/or traffic record check. Any information contained in said report(s) will be used solely for employment purposes. Additionally, we may obtain a report for verification of employment history.

APPLICANT'S AUTHORIZATION AND ACKNOWLEDGEMENT

I, _____, acknowledge that I have read and understand the "Disclosure to Applicant" in Accordance with TITLE II OF DC LAW 15-607, THE "CHILD AND YOUTH, SAFETY AND HEALTH OMNIBUS LAW,"

provided to me above and do hereby authorize the District government, including the Metropolitan Police Department, to obtain a report for verification of my employment history, driving record and criminal background history. It is my understanding that any information contained in said report(s) will be used solely for employment purposes. I acknowledge that the District Department of Parks and Recreation may choose to deny me employment based on the outcome of such criminal background check.

Signature

Date

Employment Status Acknowledgement

As a summer hire, I acknowledge that my employment is temporary, that I have no guarantee of full-time or part-time employment with DC Department of Parks and Recreation and that my employment may be terminated on or before August 26, 2005.

I further acknowledge that as a temporary summer hire, I am an at-will employee, and as such, my employment be discontinued at any time.

Signature

Date

Application Agreement

I understand and acknowledge that nothing contained in this application, its supplement(s), or in the District government or the District Department of Parks and Recreation's handbook, manual, rules, regulations, practice or policy creates an employment contract, which is expressed or implied, between the District Department of Parks and Recreation (the "Agency") and myself. I further understand that, in the event that I am offered a position at the Agency, my employment shall be at will. As such, I acknowledge that my employment may be terminated at any time, either by me or by the Agency, with or without consent or prior notice.

I authorize the Agency to verify employment references in connection with my application for employment and to re-verify those references subsequently as the Agency deems appropriate. I hereby release from all liability or damages, those individuals, corporations, or organizations that disclose such lawful information to the Agency. I understand that any such information provided shall become the exclusive property of the Agency. Upon my hire and in consideration of employment, I agree to comply with all applicable policies, rules, regulations or procedures may lead to disciplinary action against me, up to and including termination of my employment.

This certifies that this application was completed by me or at my direction and that all entries or the information in it are true and complete to best of my knowledge. I understand that any false or misleading statements, omissions, or failure on my part to fully answer any questions on this application may result in the rejection of my application for consideration of employment or my dismissal from employment, regardless of when such information is discovered.

Signature

Date